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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 5367USA
		First Inventor HEDDLESON, RONALD A.
Title	FOOD PRODUCTS WITH IMPROVED BILE ACID BINDING FUNCTIONALITY AND METHODS FOR THEIR PREPARATION	
		Express Mail Label No. ET757941190US

APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary</i>
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF)
-Descriptive title of the invention	
-Cross Reference to Related Applications	
-Statement Regarding Fed sponsored R & D	
-Reference to sequence listing, a table, or a computer program listing appendix	
-Background of the Invention	
-Brief Summary of the Invention	
-Brief Description of the Drawings (<i>if filed</i>)	
-Detailed Description	
-Claim(s)	
-Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 3]	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
5. Oath or Declaration incomplete [Total Pages: 3]	ii. <input type="checkbox"/> paper
a. <input type="checkbox"/> Newly executed (original or copy)	c. <input type="checkbox"/> Statements verifying identity of above copies
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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30173			

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Name	Michael C. Maior	Registration No. (Attorney/Agent)	36,206
Signature	<i>[Signature]</i>		
	Date	February 1, 2002	

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$824.00)		Complete if Known			
		Application Number		N/A	
		Filing Date			
		First Named Inventor		HEDDLESON, RONALD A.	
		Examiner Name			
Group Art Unit					
Attorney Docket No.		5367USA			

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 07-0900 Deposit Account Name General Mills, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th></th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td></tr> <tr><td>127</td><td>50</td><td>227</td></tr> <tr><td>139</td><td>130</td><td>139</td></tr> <tr><td>147</td><td>2520</td><td>147</td></tr> <tr><td>112</td><td>920*</td><td>112</td></tr> <tr><td>113</td><td>1840*</td><td>113</td></tr> <tr><td>115</td><td>110</td><td>215</td></tr> <tr><td>116</td><td>400</td><td>216</td></tr> <tr><td>117</td><td>920</td><td>217</td></tr> <tr><td>118</td><td>1440</td><td>218</td></tr> <tr><td>128</td><td>1960</td><td>228</td></tr> <tr><td>119</td><td>310</td><td>220</td></tr> <tr><td>120</td><td>310</td><td>220</td></tr> <tr><td>121</td><td>270</td><td>221</td></tr> <tr><td>138</td><td>1510</td><td>138</td></tr> <tr><td>140</td><td>110</td><td>240</td></tr> <tr><td>141</td><td>1240</td><td>241</td></tr> <tr><td>142</td><td>1280</td><td>242</td></tr> <tr><td>143</td><td>440</td><td>243</td></tr> <tr><td>144</td><td>600</td><td>244</td></tr> <tr><td>146</td><td>710</td><td>246</td></tr> <tr><td>149</td><td>710</td><td>246</td></tr> <tr><td>179</td><td>710</td><td>279</td></tr> <tr><td>169</td><td>900</td><td>169</td></tr> <tr><td colspan="3">SUBTOTAL (1) (\$ 740.00)</td></tr> <tr><td colspan="3">2. EXTRA CLAIM FEES</td></tr> <tr> <td>Total Claims</td> <td>20 -20**</td> <td>= 0</td> <td>x 18</td> <td>= 0</td> <td colspan="2"></td> </tr> <tr> <td>Indep. Claims</td> <td>4 -3**</td> <td>= 1</td> <td>x 84</td> <td>84.00</td> <td colspan="2"></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>=</td> <td colspan="2"></td> </tr> <tr> <td>Large Entity Fee Code (\$)</td> <td>Small Entity Fee Code (\$)</td> <td colspan="4">Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td colspan="4">Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td colspan="4">Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td colspan="4">Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td colspan="4">** Reissue independent claims</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td colspan="4">over original patent</td> </tr> <tr> <td colspan="3">SUBTOTAL (2) (\$84.00)</td> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="6">*or number previously paid, if greater, For Reissues, see above</td> <td>SUBTOTAL (3) (\$)</td> </tr> </tbody> </table>							Fee Description	Fee Paid	105	130	205	127	50	227	139	130	139	147	2520	147	112	920*	112	113	1840*	113	115	110	215	116	400	216	117	920	217	118	1440	218	128	1960	228	119	310	220	120	310	220	121	270	221	138	1510	138	140	110	240	141	1240	241	142	1280	242	143	440	243	144	600	244	146	710	246	149	710	246	179	710	279	169	900	169	SUBTOTAL (1) (\$ 740.00)			2. EXTRA CLAIM FEES			Total Claims	20 -20**	= 0	x 18	= 0			Indep. Claims	4 -3**	= 1	x 84	84.00			Multiple Dependent				=			Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description				Fee Paid	103	18	203	9	Claims in excess of 20				102	84	202	42	Independent claims in excess of 3				104	280	204	140	Multiple dependent claim, if not paid				109	84	209	42	** Reissue independent claims				110	18	210	9	over original patent				SUBTOTAL (2) (\$84.00)			Other fee (specify) _____				*or number previously paid, if greater, For Reissues, see above						SUBTOTAL (3) (\$)
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Michael C. Mager	Registration No (Attorney/Agent)	36,206	Telephone	763-764-2265
Signature					Date 2-1-02

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